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CHILD WELFARE IN ALBERTA
A PROGRESS REPORT

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

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TABLE OF CONTENTS

		PAGE
I.	INTRODUCTION	1
II.	A REVIEW OF CHILD WELFARE IN ALBERTA	3
III.	CHILD WELFARE IN ALBERTA	9
	A. Issues in Child Welfare - An Ongoing Challenge	10
	B. Working with the Family	12
	C. The New Child Welfare Act	13
	1. Implementing the Act	15
	2. Child Welfare Implementation Project - Purpose and Objectives	15
	D. Training	17
	E. The Care of Children	19
	F. Young Offenders	23
	G. Children's Mental Health Services	25
	H. Native Child Welfare	27
	I. Child Abuse Prevention	30
	J. Child Welfare Information System	31
IV.	WHERE DO WE GO FROM HERE? THE CHALLENGE	33
APPENDIX		
	Update: Response to Recommendations, Case Management Review, Northwest Region	36

I. INTRODUCTION

Recently, a new foundation has been laid for the Child Welfare system in Alberta, and a new structure is being constructed upon that foundation. This paper will outline the business of Child Welfare in Alberta, in the context of the issues being addressed, the changes occurring and the challenges ahead. It will show Child Welfare as a fluid process of dealing with people with difficulties, and as a system designed not for rigidity but for its ability to provide responses to individual and community needs.

Too often, Albertans hear only about the dramatic tragedies which affect Alberta's children and families. These are indeed significant events within the Child Welfare system. All of us have a great regard for life, and an appreciation for the importance of a stable and happy family environment. When there is a significant disruption in that stability, Child Welfare may have to step in. The results of that intervention may never replicate totally the environment a stable family can provide. However, the government is constantly assessing ways to improve its services. The public plays a significant role in the quality of care offered to children in the care of the Department. When tragedy strikes, the publicity that ensues can leave the impression that we've failed. For that individual unquestionably we have, but just as the best of families cannot prevent all problems, neither can the best of systems.

Our society expects that unnecessary intrusion by the state into families should not occur, but that children should be protected when necessary, and that children who are taken into care should receive high quality services which promote their best interests. Yet by their very nature, child welfare services are intrusive. The challenge of Alberta's Child Welfare system is to provide services in the least intrusive and disruptive way possible, while still ensuring the safety and best interests of the children.

The various Child Welfare issues that have received publicity in the last number of years are not new, nor are they unique to Alberta. Child Welfare systems all across North America are struggling with the difficulties surrounding family break-up, increased pressures on children, and society's desire to provide protection for children and autonomy for families.

The Child Welfare system in Alberta is growing, evolving, developing, and doing so efficiently and sensitively. At the same time, the job of improving the Child Welfare system will never be complete, for society's views will change with time, technology will improve, and human service knowledge will grow.

II. A REVIEW OF CHILD WELFARE IN ALBERTA

Alberta was made a province on July 20, 1905. Legislation passed in the next few years addressed child welfare issues in a piecemeal fashion.

In 1908, the Federal government passed the Juvenile Delinquents Act, which "stressed that children should be cared for and disciplined as they would be by their (own) parents and that they be treated as misdirected and misguided children rather than criminals".

In 1909, after studying the protection legislation passed by Ontario in 1893, Alberta passed what was then considered the most advanced legislation of its kind in Canada, The Children's Protection Act. This Act provided a definition of child neglect that was essentially unchanged for the next seventy-five years, and vested the responsibility for all children in care to one central authority - known today as the Director of Child Welfare. It established the legal age of a child as being less than 16 years. A Superintendent of Neglected Children was appointed, and Children's Shelters and Children's Aid Societies were established.

In 1906, total funding for all hospitals, charity, and public health (including child care) amounted to $33,500. By 1913, expenditures for child care alone totalled more than $59,000.

Concern for child welfare issues continued to grow, and in response the Superintendent's powers were widened and the Child Welfare Act revised and expanded several times - resulting in the expansion of child welfare activities and services.

By 1957, Children's Aid Societies had been phased out, and in that year the Province assumed full financial responsibility for children in care of the Superintendent.

An amendment to the Child Welfare Act in 1961 introduced a Non-ward Care Program, allowing parents the option to place their children in the Department's care for a specified period of time while retaining the legal guardianship of their child. The Child Welfare Branch had begun to focus attention on the prevention of the breakdown of the family unit, which resulted in the establishment of a new program area called "Protection Services".

Up to 1958, there were only four Regional Offices in Alberta, located in Calgary, Lethbridge, Drumheller and Vermilion. By 1962, an additional 22 Regional Offices had opened.

In 1963, the Welfare Homes Act was passed, giving the Department the responsibility of licensing and maintaining standards of all homes and institutions, including those for children.

In April, 1966, legislation was passed authorizing the transfer of statutory protection services from the municipalities to the Province. By the end of March, 1967, arrangements for this transfer had been concluded with all municipalities except Edmonton and Calgary. This transfer of authority meant that the Child Welfare Branch was given the responsibility for investigating all allegations of neglect and abuse within the province. A new Child Welfare Act passed in 1965 went into effect in 1966.

In 1967, Alberta signed an agreement with the Federal Government in which the Federal authority assumed 50% of many of the costs of children in the care of the Department. By 1969, the Homes and Institutions Branch operated 34 institutions for children, six of which were group homes. A total of 58 licensed foster homes (providing care to four or more children) was recorded.

The name of the Department was changed in 1969 to the Department of Social Development, signifying a change in the Department's focus away from simply custody and maintenance to more active forms of intervention and prevention. In 1971, the Departments of Public

Health and Social Development were amalgamated and in 1974, this new department was named Social Services and Community Health.

The Committee on Child Foster Care in Alberta, chaired by Albert Catonio, completed its study in September 1972, and presented recommendations to the government on various aspect of foster care, which were acted upon in the context of the department's services at that time.

The seventies also saw a general improvement of services to native people. Several native organizations became involved in native child welfare. Native foster homes were recruited and approved, and several native foster parent associations were established under the auspices of the Alberta Foster Parent Association. The seventies also saw the signing, in 1973, of Canada's first tri-partite child welfare agreement, with the Blackfoot Indian Band in Gleichen starting its own child welfare services under provincial supervision. This agreement is still operative and is proving to be very successful and effective from a cultural as well as a child welfare services perspective.

An amendment to the Child Welfare Act, October 1, 1977, established conditions under which the Juvenile and Family Court could require the confinement of a young person in what was called Compulsory Care. This year also saw a major review of the justice system in Alberta, resulting in two reports with an impact on the Child Welfare Branch: The Administration of Justice in the Provincial Courts of Alberta, submitted by Mr. Justice W.J.C. Kirby and Max Wyman, and Comments on Juvenile Delinquency, also by Max Wyman.

A rapidly growing population and influx of migrating people into Alberta during the seventies put increased pressure on the human services system in general. Progress and improvement, while continuing, lagged behind demand. However, the late sixties and seventies was a period of rapid growth in the Department as well. In 1966 there were 753 salaried employees, 27 district offices, and

a child welfare budget of about $3.7 million, while by first years of the eighties there were over 7,000 departmental staff, 55 district offices, and a child welfare budget for the fiscal year 1980-81 of some $57.8 million.

In the late 1970s, two reports were released from the Office of the Ombudsman. The first was The Report on the Westfield Diagnostic and Treatment Centre, released on November 27, 1979. The second report, examining foster care in Alberta, was released in March, 1981, under the title "Crisis in Child Care". These reports reflected the problems systemic to a social services organization under siege during the economic boom in the province during the seventies.

Independently recognizing the need for change, the government acted by appointing, in 1980, the Cavanagh Board of Review, which invited all persons in this province to comment on any aspect of the child welfare system. The investigation took place over three years and the report was submitted in the fall of 1983.

In the meanwhile, however, changes were already occurring and certain programs for special needs client groups were coming into their own. The Handicapped Children's Program which started in 1974 had become well-established, and remains to the present a very effective program in support of families with handicapped children. Broader family support and community intervention support services were put into place. The Ombudsman's Special Report resulted in a comprehensive review of the foster care program, its benefits, standards and policies which were reflected in the updated Child Welfare Programs Manual of 1981 and 1982.

But most important were the changes which were to influence the entire structure of the child welfare system. The first was an organizational change in the Department as a whole. In the Speech from the Throne on April 2, 1981, the decentralization of the Department of Social Services and Community Health was announced. The objectives of the regional plan were: improve service delivery

to Albertans through a decentralization of responsibility; ensure the accessibility of programs to client groups across the province; achieve greater coordination of social and health programs at the community level; and strengthen the Department's capability to anticipate and respond to major issues. Implementation of decentralization initiatives continued into 1984.

During 1983, recognizing that the 1966 legislation no longer kept pace with community standards, Alberta Social Services and Community Health began working on a complete redraft of the Child Welfare Act. The Cavanagh Board of Review report, submitted in the fall of 1983, dealt with the broad context of child welfare and made numerous recommendations as to Legislative improvements, systemic changes, organizational issues and morale. The Cavanagh Report was reviewed in context of the work underway on new Child Welfare legislation, and a draft Act, Bill 105, was introduced into the Legislature.

This Bill died on the Order Paper to allow six months of intensive public and professional consultation. Almost 200 briefs were received, including more than 50 from departmental social workers. This consultation process resulted, in the spring of 1984, in new Child Welfare legislation being again introduced, and this time passed, in the Legislature. Bill 35 was supported in principle by both government and opposition members in the House. It was made clear that it would not be implemented until policies, procedures and regulations were adequate to ensure a smooth transition.

On June 26, 1984, a 17-year old ward, Richard Cardinal, took his own life at a Sangudo foster home. The Minister ordered a case management review to be carried out by Dr. Ray Thomlison, Dean of Social Work at the University of Calgary, and this review was completed in September. The recommendations covered social worker supervision, procedures in district offices, education and training, and a complete review of all permanent wards in the province. In the same case, a Fatality Inquiry was called pursuant to the Fatality Inquiries Act, to determine cause of death and make

recommendations as to preventing future tragedies. Judge Walder White's report, in December of 1984, tended to confirm Dr. Thomlison's findings.

All during 1984, the Department was gearing up for a new Child Welfare system in Alberta. A new Deputy Minister with extensive Child Welfare experience was recruited. A comprehensive Implementation Team, responsible for the new Act, was put into place and a special Working Group was formed to look at native Child Welfare issues. In addition, services for families and victims of child sexual abuse in Edmonton were revamped. A commitment was made that improvements in the Child Welfare system would be made as soon as possible, and not necessarily wait for the implementation of the Act.

III. CHILD WELFARE IN ALBERTA

Child Welfare in Alberta is not just the Department of Social Services and Community Health. It is a partnership of government services and community enterprise. It is more than 7,000 Government employees, thousands of foster families, 54 community agencies, 81 group homes and 28 institutions. Child welfare provides services to children of many ages and families in many different problem situations.

The idea behind any comprehensive service like Child Welfare is to develop a continuum of care for children and support for their families. When the department has to become involved with a child for whatever reason, the needs and rights of that child have to be considered and a corresponding range of services to meet those needs must be available. Over the last number of years, the professional view has been that individualized care and treatment in home-like settings is much preferable to that of institutional care. Group homes and foster care have developed in numbers, skills and expertise to meet the need for individualized community services. Programs have developed to provide assistance to the parents of handicapped children so that families who have children with special needs do not break down. This important aspect of prevention is becoming more and more visible in the child welfare system. New relationships are being formed with communities and families, and in line with the view that services are best provided at home or as close to home as possible. Options are available to assist families with a variety of support services to alleviate the problems resulting in the risk of abuse or neglect, and in most instances, these services are provided without Court involvement.

Services are provided and co-ordinated by child welfare workers who exercise the responsibility of the government to investigate each situation and to find the best possible means of helping the children and families involved. As there are approximately 15,000 children involved with the child welfare system, the community plays

a major role in providing services to these children and their families under the Act. The services may be provided by community agencies, independent professionals, foster parents or volunteers. As well, close partnerships with other child-focused services in the community (e.g., schools, rural health units), are fostered to ensure that the efforts of child welfare are well-coordinated with these systems in providing services to families.

Of particular note at the present time is the partnership between the child welfare system and native communities, designed to transfer responsibility for native child welfare back to native people. A community Working Group of native people has been formed to help implement improved services to native children and families.

Overall, the objectives of the Child Welfare Act and program cannot be achieved without strong co-operation between child welfare and the community. High priority will continue to be given this partnership in recognition of the interdependence between child welfare and the community. There are still challenges to be met in child welfare. They are not just department challenges, but community challenges, and the task facing the partners meeting this challenge is to work out how to share the responsibility for children and families in a way that is most effective, productive and beneficial to those in need of and receiving services.

A. Issues In Child Welfare - An Ongoing Challenge

Each time that public attention is focused on the child welfare service delivery system, similar subject areas - foster care, case management, institutions - are discussed. It is no surprise. The issues surrounding Child Welfare are not new. However, each time these issues are examined they are looked at in a new way.

Child welfare must evolve as we evolve, as a community and a society. What any child welfare system must do is respond to

how society is progressing in its wants and desires for its children and their families. What were acceptable standards in 1909 when the first Alberta child welfare legislation came into being are different today, and the new Act reflects these differences. When the Child Welfare Act of 1966 had ceased to represent what Alberta citizens expected and wanted vis-a-vis the government's role in protection of, and service delivery to, children, the government took initiative in appointing the Cavanagh Board of Review and in beginning a substantial revision of the Act even before the Cavanagh report was submitted. The briefs received from the public in reviewing the draft Bill 105 were all part of the commitment of the government to listen and respond to the wishes of the community, of society.

Thus the continued attention to key child welfare issues must be viewed as a positive result of a partnership between community and government to ensure that the system keeps pace with the needs of the people it serves. For example, the issue of placement of children has been addressed in reviews in 1948, 1972, 1981, 1983 and 1984. Each of these reviews has been answered by government attention to recommendations, but the public is often less aware that in many cases changes within the department anticipate recommendations and begin systemic improvements as initiatives, not responses. Much progress has been made, and the many children now living at home, or on their own reserves, or being placed for adoption, are testimony to the progress. Yet in the future, as expectations continue to change and knowledge keeps growing, the issue of how to adequately plan for a child's life will remain as important and as open to change as it has been up to the present.

B. Working with the Family

Working with the family is critical to the success of the revitalized Child Welfare system in Alberta. While the child welfare system must ensure that children at risk of neglect or abuse be protected, it has been recognized that this objective is best achieved by assisting families to resolve problems that place children "at risk". As a result, the primary focus is to assist families without removing children from their homes. In cases where removal becomes necessary, the immediate objective is to begin to work towards resolving family problems and reuniting the family as soon as possible.

The way we as a society respond to the realities of family problems reflects some of our most basic beliefs. Families are the basic unit of society. They have a right to their privacy. We value our children. We recognize that they are in a dependent state and have the right to those things that will ensure their safety, health and happiness. We believe strongly in these principles, and in the significance of maintaining the family. However, families are not always able to cope as they would like, and by asking for assistance establish an obligation for the state to provide assistance. It is for this reason that we have child welfare programs and other sources available to families. They reinforce our belief in the value of families and children and help us to maintain the type of society that will respect the dignity and worth of every individual and provide opportunities for maximum personal development.

C. The New Child Welfare Act

During the time when the Cavanagh Board of Review was working, it became apparent that one of the end results would have to be a new Child Welfare Act if the system was to be substantially revamped and improved. Work began on new Legislation prior to the Cavanagh Board's report, and then in the form of a new Act which took into consideration the views of the Board.

In 1983 the Department had introduced basic principles to which it would adhere when providing services. These included basic human rights, the best interest of individuals and society, personal responsibility and independence, minimal intervention, pre-eminence of the family, a focus on prevention and early intervention, high quality of services and accountability. There was a strong concensus that new Child Welfare legislation should also include basic principles which would guide those who would interpret or implement the legislation. There are only two other pieces of Alberta legislation which carry such principles, the Alberta Bill of Rights and the Individual Rights Protection Act.

The intent and principles of the new legislation include:

- support and preservation of the family as the basic unit of society.
- recognition and protection of the rights of children.
- an intent to practice "least intrusive" measures.
- recognition that a child has a right to express an opinion on matters affecting him/her.
- the philosophy that every child should have the opportunity to be a wanted and valued member of a family.
- direction to maintain, wherever possible, the child's familial, cultural, social and religious heritage.
- benefits to the child of stability and continuity of care and relationships.

- weighing of the risks/merits of the child remaining with, or being removed from, his/her family.
- use of, and referral to, community resources as a desired alternative to more intrusive intervention.

The introduction of draft legislation (Bill 105) following the report of the Cavanagh Board of Review provided Albertans with an opportunity to look at not only recommendations as to how to improve the Child Welfare system, but Government's intentions as to how to accomplish those improvements. For example, Bill 105 named the Minister rather than the Director of Child Welfare as the Child Welfare authority. Community and professional consultation on this issue resulted in the introduction of the Children's Guardian concept in Bill 35, the redrafted Legislation which was approved by the Legislature. The concept, which establishes an authority to act as the legal parent for children under temporary and permanent guardianship, and separates that authority from the system of delivering services to children, is unique in North America, and is already being studied carefully by other jurisdictions. Other major provisions in the new Act include:

- private and joint guardianship.
- enhanced role of foster parents.
- improved definition of a child in need of protective services.
- open court; more discretion and responsibilities to the court.
- shorter timelines for court appearances.
- individuals to be appointed as directors by the Minister.
- one or more Appeal panels appointed by the Minister.
- special consideration of Indian children.
- the delivery of services to handicapped children without the requirement that they be in need of protective services.

- introduction of a post-adoptive passive registry.
- opportunity to share information with involved and interested parties.

The government's commitment to introduce totally new legislation represented a major opportunity to undertake a fundamental review of child welfare in Alberta, with the end goal of ensuring the presence of a rational and cohesive delivery system. The new Act encompasses an approach to child welfare that is significantly different than what has come before, and we believe that it is one of the finest pieces of legislation for children and families in existence.

1. Implementing the Act

   The task of revitalizing the Child Welfare system in Alberta is a major task which will require not only resolve and determination, but manpower and time. A great many people within the department worked to bring the Child Welfare Implementation Project into being, and over next five years, a dedicated group of specialists are being charged with the actual hands-on work of changing the system. They are developing the necessary regulations, the training needs for front line workers, the policies which must be put in place, and the standards under which Child Welfare will operate in this province.

2. Child Welfare Implementation Project - Purpose and Objectives

   The scope of the Child Welfare Implementation Project is as broad and extensive as the child welfare system itself, encompassing all aspects of the administration of the Child Welfare Act and the provision of services and programs to children. The enactment of such a major piece of legislation sets the direction and provides the

foundation for the comprehensive reconstruction of the child welfare system in Alberta. Extensive review of the issues in child welfare that the Act is intended to address has provided a substantial list of areas that warrant change. The project's goals have widened since its inception to include not only the implementation of the Child Welfare Act but the introduction of significant improvements in the child welfare system as a whole.

The immediate goals of the Child Welfare Implementation Project are:

- To assure the design, development and implementation of a rational, coherent children's services system that will support and realize the principles, intents and requirements of the new Child Welfare Act;

- To develop the regulations required to administer the new legislation; and

- To ensure that those regulations and delivery system components that are essential for the basic administration of the new Act are implemented by June 30, 1985.

In addition, longer term goals reflect the ongoing nature of the Project and the changes which will result. These goals include:

- To have designed, developed and implemented other required changes to the delivery system by June 30, 1987, with modifications and refinements to be completed by June 30, 1989, consistent with the philosophy and principles of the new Child Welfare Act and based on a planned program of monitoring and evaluation of the implementation process; and

- To ensure that the process of design, development and implementation is undertaken in a manner that is consistent with a philosophy of:

    - effective and efficient service provision to children and their families;
    - consultation with the groups and interested parties affected by the changes, and with staff; and
    - responsibility and sensitivity both to the broad Alberta community of which the Department is a part and to the individual communities in which it functions.

The Child Welfare Implementation Team is overseen by a steering committee made up of the Deputy Minister, Associate Deputy Minister (Service Delivery), and Assistant Deputy Minister (Policy and Program Development). The Project Team is also supported by implementation teams in each of the Regions, assigned with the task of developing their own regional plans which dovetail with provincial plans. In each region specific managers have been assigned whose sole task is to help revitalize Child Welfare.

D. Training

In the late 1970s concern was expressed about the lack of training among Child Welfare workers, with only 30% with professional qualifications at the B.S.W. level. Today, the picture is much different, and reflects the Department's belief in the level of professional qualifications important for its staff.

In 1981 the Department established the Bachelor of Social Work Degree as the basic required educational qualification for

Child Welfare workers. There were two concurrent actions - a major cross-Canada recruitment drive which significantly increased the number of trained professionals here, and the establishment of an educational leave program which would allow staff to upgrade themselves at the Bachelor and Masters levels. Cover-off positions were created which would allow caseloads to be maintained during this period.

As of 1984, 74% of child welfare workers and casework supervisors were at the B.S.W. or M.S.W. level. The plan, through further educational leave, is to increase that to 82% in 1985. In addition, a bursary program for social work students who would join the Alberta child welfare system has produced 116 qualified social workers, 55 of whom joined the Department.

Also in 1981, the Department contracted with the American Humane Association to provide initial in-service training in child protection to child welfare staff. That program has now been turned over to the Department, with 866 staff so far having completed this specialized training.

Training in native awareness is available now, as is a specialized course in investigating, selecting and monitoring foster parent applicants, a program in the identification of maltreated children, and another new training project to help workers interview sexually abused children.

Plans for the upcoming year are to expand training in native issues, to develop courses in suicide detection and prevention (both of these were recommended by the Thomlison Report), and to set up a modularized training program in evidence-giving for social workers.

The department is participating with the Alberta Association of Child Care Centres and the Child Care Workers Association of

Alberta to establish a province-wide, competency-based certification procedure in Alberta for residential and community child case/youth workers. The department's current process for certification of departmental employees is providing the base from which the process was implemented and will be further developed.

E. The Care of Children

The principles of the new Child Welfare Act support the family and instruct Alberta Social Services and Community Health to provide services in the least intrusive way. Despite that, there will still be children who will have to be removed from their homes in order to receive care. There has already been a noticeable difference in the way social workers are dealing with families in trouble. Fewer children are being taken into care through apprehension and there is more family support work underway. These trends helped inform the principles of the new Act.

Child Protective Services deal with the business of bringing a child into care. These services begin with the receipt of a report and include investigation, Family Support Services, Custody by Agreement, Temporary and Permanent Wardship. These services are available 24 hours a day every day of the year, and are delivered regionally as a means of promoting decision-making as close to the client and resource system as possible. Emergency services are available in every district office and through a Zenith crisis line.

Reports received by child welfare workers are checked against existing records to determine whether the child had been neglected or abused previously. Investigations examine not only the condition of the child and the capabilities of the parents but also the capabilities of relatives, friends and the

community to provide support and help thus eliminating or reducing the necessity for intervention by the department.

As few children as possible are apprehended and only after it is clearly determined that the child is in imminent danger or there are no other available resources to protect the child. Parents and other family or community resources are engaged in providing care to children so that they need not be brought into care under the terms of the Act, or in preference to care being provided through institutions. The circumstances in which children are found, and the condition of the children and families, often prove to be serious and devastating, providing a serious challenge to the skills and abilities of the departmental and community staff and resources. All regions have developed written procedures and practices which are intended to promote case planning with families, children and foster parents with a view to permanency for the child.

While the apprehension of children for their own protection is the most commonly known reason for children coming into Government care, there are two other important reasons.

Mothers who, for a variety of reasons, do not wish to keep their children upon birth, surrender them to the Department for adoption. These children are usually adopted immediately, as the waiting list of adoptive parents is long and growing longer.

The second area where children, other than apprehended children, receive services from the Department is through help provided for special needs children living at home, through Handicapped Children's Services. While this is primarily a financial benefits program designed to help parents pay for the special needs of their children, the program also provides support services and relief to stressed families, enabling them to remain together wherever possible. The 1984-85 caseload of

HCS was over 3,100, representing about 20% of all children receiving services. About 90% of the children in this program can remain with their families with the help of family and child support services in the community. The rest are cared for in institutions, group homes, foster homes, and by other programs.

Foster care and adoption services are seen as two forms of Child Protective Services provided to children who are temporarily or permanently in the care of the Director. Children placed in foster care or adopted are wards of the Department and include both healthy newborns newly surrendered into care and those with special needs: handicapped children; children with a history of multiple placements; children of mixed ethnic origin; those who have been physically abused, neglected, or sexually abused; older children or sibling groups. Active recruitment of foster homes is always underway. Each time a child is placed in a foster home, that is one less child needing institutional or group home care, thus supporting the goal of having a child living in a family setting.

There is no typical foster child; a child comes into care when parents are unable to provide care. At the end of February, 1985, there were over 3,200 children in over three thousand foster homes in Alberta. Seven hundred of those were children with special needs. There is also no typical foster parent. Those willing to share their homes with children in need vary greatly in every way except the most important attribute: a commitment to provide the best possible care. The Alberta Foster Parent Association has been instrumental in seeking improvement in foster care standards and striving to expand their organization both in numbers and in training and skills of their members. Foster parents now take training enabling them to care for special needs children with greater expertise and to meet the many challenges of foster parenting with greater preparation.

In 1984 about 350 children were surrendered in Alberta, most of them infants. Over 530 children were adopted, including a number of special needs children. The Department is looking into the need to develop a stronger capacity of placement of children with special needs into adopting homes, as part of an ongoing effort to reduce the number of permanent wards currently living in foster homes, group homes or institutions. This is motivated by our belief that all children are adoptable if certain support services are provided.

One of the unique ways the Department is using to deal with the adoption of special needs children is through the Wednesday's Child Program. This cooperative venture between the Department and CFAC Television in Calgary and CFRN Television in Edmonton provides weekly opportunities for younger special needs children to be exposed to large audiences of potential adoptive parents. Begun in 1981, Wednesday's Child has shown itself to be a real success. In 1980, 73 special needs children were placed. In 1983, after two years of Wednesday's Child, there were 215 children placed for adoption. More than 50% of all children shown on television have been adopted.

As a more intrusive but necessary form of dealing with some problem families, we find that some children make more appropriate progress in non-family settings. The Department contracts with group homes and institutions across the province for this kind of residential care. In that regard, there are a number of activities underway.

A Children's Psychiatric Unit at Westfield Centre, Edmonton, under the direction of a child/adolescent psychiatrist, is in the final stages of development and implementation. This 10-bed unit serves very disturbed youth from northern Alberta.

The Children's Residential Replacement Plan provides for the repatriation of dollars associated with residential services

provided to children outside their region of origin back to the region and the allocation of those dollars to providing services close to home. This plan encourages regions to utilize repatriated dollars to establish community-based, non-restrictive residential options as well as non-residential alternatives, i.e., helping the child whenever possible through the provision of community support/outreach services.

A provincial assessment of needs of the 16-17 year age group is currently under way. This assessment will deal with the difficult job of helping adolescents in the transition from child to adult, and the accompanying challenge of ensuring that the needs of the "almost child" are met, while the rights of the "almost adult" are respected.

F. Young Offenders

A discussion of the care of children must include discussion of Canada's new Young Offenders legislation, given that there is a large interface between the child welfare and young offenders system. Alberta Social Services and Community Health had previous responsibility for a number of children made wards under the Juvenile Delinquents Act, and therefore operated secure facilities for these children. But that has all changed.

The new Young Offenders Act is one of the most significant pieces of social policy legislation to have been passed in recent years. This new Act represents a fundamental shift in philosophy in comparison to the 1908 Juvenile Delinquents Act and reflects more accurately than did its predecessor the needs and aspirations of Canadians of all ages.

The new Young Offenders Act embodies a rights and responsibilities approach to young people in trouble with the law. On the one hand, it emphasizes that young people must

bear responsibility for their illegal behaviour, and that society has a right to necessary protection from such behaviour. On the other hand, it recognizes that young people have special needs and should not always be held accountable in the same manner or suffer the same consequences as adults because they are dependants at varying degrees of development and maturity. In view of society's right to protection, and the special needs of young people, they not only require supervision, discipline and control, but also must be given guidance, assistance and special protection for their basic rights.

The Act establishes a system of youth courts, procedures and dispositions which is separate from that established for adults, but which provides for the same basic rights as are afforded adults, with special safeguards and guarantees to protect young persons. In addition to its recognition of the special needs and rights of young persons, the new legislation incorporates into its provisions a concern for the victims of offences, the parents of young offenders and the safety and rights of the community as a whole.

The new Act stipulates that "'young person' means a person who is or....appears to be twelve years of age or more, but under eighteen years of age." This means that the new Act covers individuals from their twelfth birthday until they are seventeen years inclusive; once they have attained their eighteenth birthday, they become adults from the point of view of the criminal law and move into the ordinary court system.

In Alberta, the Solicitor General's Department was given the responsibility of implementing the Young Offenders Act as of April 1, 1984. Four government departments have worked together very closely to work out the mechanics of the Act. There has been a very strong commitment to work out the problems and mutually reach viable decisions. Although Alberta

Social Services and Community Health is not directly responsible for the implementation of the Act, approximately 50% of the young persons entering the Young Offender system are Social Service clientele. This, in itself, affects the services we provide to children.

G. Children's Mental Health Services

It was not very many years ago that professional opinion had it that children could not be mentally ill. That view has indeed changed, and services are rapidly developing in the area of treatment and prevention. There is intensive work underway within the Department in this regard as well.

The new Child Welfare Act makes specific provision for mental health assessment, treatment, and care plan services for children and adolescents.

A Children's Mental Health Planning Committee has been mandated to design a model framework for the planning and delivery of children's mental health services.

The Children's Mental Health Services Project is to develop strategic direction for children's mental health services; to design departmental program, procedural, and funding policy; and to implement a system of children's mental health services.

The project will encompass all children's mental health services provided directly or indirectly by the Department of Social Services and Community Health. The project will address the philosophy, values, selected ethical issues, mandate, mission, funding and program policy, procedures, delivery, and administration of a system of children's mental health services. The planning phase will include the development of service philospohy, service model, funding policy and budget, an information system, monitoring and evaluation mechanisms,

and will address the service provision issues. The appropriate organization structure and manpower to support the system will be designed.

The project will provide overall direction for regional planning initiatives through the membership on the planning committee of individuals involved in managing the planning processes in each Region.

The project will seek the input and expertise of community professionals in mental health and other departmental jurisdictions concerned with mental health services.

The following principles were issued as planning guidelines for the project:

- Mental health services for children should be provided based on the least restrictive and least intrusive alternative that is effective.

- Financial responsibility and resources to purchase mental health services for children in care will be repatriated to the region so that the region will be responsible for purchasing services for children within the regional boundary.

- The Children's Mental Health Services model will ensure that the development of duplicate services or resources in Social Services and Health Services does not occur.

- Specialized services may not be available in all regions; however, access and purchasing arrangements must be developed to access required services available in another region.

- A comprehensive continuum of mental health services for all children will serve as the base for the model and the regional planning initiatives.

- Allocation of dollars will be determined on the basis of regional plans and their compatibility with the Children's Mental Health model.

- Children should have ready access to appropriate mental health services.

H. Native Child Welfare

The figures are startling. During 1984 it was determined that between 35% and 40% of children receiving services under the Child Welfare Act were of native ancestry. Compared with the general non-native population, about ten native children to one non-native child out of the province's overall population required services under the Act. Thus the native child has been strongly over-represented in child welfare programs, with an historical emphasis on the more intrusive rather than the less intrusive care and services under the legislation.

The historical trend was recognized when the new Child Welfare Act was developed, and so was the strong aspiration of native people and communities "to take care of their own children." This aspiration and a recognition of the native cultural heritage are now supported by the Act, and the process of making the wish a reality has started and will continue. "Taking care of our own" is a community goal; the process to realize that goal will include both native and non-native parties interested in the evolution of native family and children's services.

Alberta led the way when the first tri-partite child welfare agreement was signed in 1973 with the Blackfoot Indian Band at

Gleichen. Ten years later, a similar agreement was made with the Lesser Slave Lake Regional Council; a thrust supported by federal as well as provincial governments. The Blackfoot agreement has proven very successful. Band children are cared for on the reserve, by and large, and nurtured in their own cultural environment. Very few children now leave the reserve for purposes relating to the need for child welfare services, whereas when the agreement began in 1973 almost 150 children were in temporary guardianship, most of them in non-native forster homes off the reserve.

The Lesser Slave Lake Agreement promises to be similarly effective. This Indian Regional Council is currently readying itself to assume full authority and responsibility under the new Act. To date it has been occupied with developing community resources and training its staff.

The following are the objectives for the delivery of child welfare services to the members of the Indian Bands included in this agreement:

- To support and strengthen family units.

- To reduce the incidence of abuse and neglect.

- To reduce the numbers of children taken into care through the provision of Family Support Services.

- To shift responsibility for delivery of child welfare services from Alberta to the Council.

- To recruit, train and maintain child welfare staff.

- To develop and train child welfare teams.

- To develop child care resources.

- To place Indian children in their home communities.

- To return Indian children in care who are placed off reserve to their home communities.

- To identify and define those traditional Indian beliefs, values, and customs to be incorporated in the program.

Delegation of authority including caretaking and guardianship responsibilities under the new Child Welfare Act is feasible and especially applicable to native communities. Improving the native child welfare situation, in dialogue with specific native communities, is one of the objectives being pursued by the Government.

As set out in Section 73 of the new Act, consultation with, and the serving of certain court orders to, chief or council, or designates, is mandatory in certain circumstances. This need for consultation is reinforced by policy and practice guidelines for child welfare staff. The Act allows for joint and private guardianship of chidren in care by adults who have a special relationship to the child and who wish to apply for such guardianship.

The Department's goals include a commitment to ensure a "best fit" of social programs and services for native people; the development of native child welfare policies, standards and guidelines; cross-cultural training of social service personnel; the development of preventive and interventive services as family support systems for native families and children, and the recruitment and training of native staff to operate services in their communities.

In December 1984 the Minister appointed a Working Committee on Native Child Welfare, a group of native community workers and senior civil servants assigned the task of assuring that native

issues and native families are considered in the implementation of the new Act and the evolving new service systems. To ensure that native Albertans have access to the Department, a special advisor on native issues was appointed, along with regional counterparts. These employees as a team have initiated, on behalf of the Department, active dialogue with Indian Bands and with Non-Status and Metis groups and communities. Team members are available as a resource to assist native groups and communities at all stages of program proposal and development of native services.

Throughout Alberta native communities/groups are developing initiatives, in conjunction with Alberta Social Services and Community Health, to ensure that in future their children need not come into care and to establish family support services. These initiatives are designed to progressively assume more responsibility for dealing with family problems in native communities.

I. Child Abuse Prevention

Professional and public interest in child abuse prevention has risen during the past twenty years, in part due to an increased visibility of the problem.

There is an absence of reliable Canadian statistics about the magnitude of occurence of child abuse but the incidence of abuse clearly indicates that child abuse is a problem in Alberta and across the country.

While Alberta Social Services and Community Health responds to the problem of child abuse through its legal mandate to protect children, efforts to prevent children and their parents from human misery associated with this problem requires a deep commitment from professionals, individual citizens and communities in a wide variety of agencies and locations. The

Department has undertaken, and continues to undertake, efforts to encourage the development of improved methods of co-ordination and delivery of services to abused children and their families.

Initiatives undertaken by the Department range from long-term planning to the support, funding and establishments of programs both in and outside the department to address the particular needs of abused children and their families, whether the abuse is physical, sexual or emotional. Included are a full range of activities from individual assessment and treatment to public education. Not all of the projects are high profile or expensive. Many deal with families or very small groups - whatever is needed in the particular community or situation. There is a commitment to continue to make child abuse prevention a major thrust of Alberta Social Services and Community Health.

J. Child Welfare Information System

The child welfare computerized information systems are currently undergoing redesign and expansion as part of a project established in 1983 designed to manage system development in consultation with all relevant child welfare areas, most particularly our front line workers.

The Child Welfare Information Systems Project is the first major project within the Department to be initiated as part of the planned integrated Departmental Information System. The use of "state of the art" technology allows the development of major capabilities and tools for staff. On-line interaction by social work staff provides access to information for inquiries and updates and will enhance the timelines and accuracy of that information. Indexing of all involved persons and services/resources utilized to assist children and families provides enhanced information and the capability to trace

individuals and their progress through our services and resources. A case notes feature for recording information about a child or family's situation will be used to record and print legislatively required Case Plans, details of an investigation, case progress and events records, and additional information on services and resources. It is possible to flag cases where children may be "at risk", to assist in both identifying and monitoring situations where there are service concerns about a child's welfare. Tracking capabilities will make it possible to detect quickly a child who may have started to be caught in multiple placements. A management information reporting sub-system will assist with case management, caseload equalization and trends analysis, and forecasting regarding client populations, service utilization and service gaps.

All of these system capabilities are planned for District Office implementation with the new Child Welfare Act. Planned on-going development includes matching children's needs against "best fit" resources, a financial system, and enhanced electronic mail.

The benefits of a computerized system are amazing. It is estimated that the time saving will result in the equivalent of 41 social worker positions, which can then be utilized in preventive work. The result could be that an estimated 300 children (approximately 2% of the caseload) per year will not have to come into care, a savings to the taxpayer of more than a million dollars a year. The Child Welfare Information System will provide considerably more comprehensive information about the children and families we help and about the services we provide.

IV. WHERE DO WE GO FROM HERE? THE CHALLENGE

The new Child Welfare Act sets an exciting course for the future. The challenge to be faced by Department and community, working together, is to implement a system which adheres to the intent of the principles stated in the Act. Those principles provide the philosophical underpinnings for the progressive child welfare system we are all working to create, and involve the preservation and support of the family as the basic unit of society. They reaffirm that the interest of a child should always be recognized and protected. They reflect our respect for family privacy and freedom while at the same time acknowledging that the family is responsible for the care and supervision of its children, in the hope that every child will have an opportunity to be a wanted and valued member of a family.

The new Act anticipates a greater degree of partnership between Government and communities in providing services to families and children. The statutory responsibilities of Government cannot be carried out without the support of the community in the form of services provided through community agencies, private individuals and professionals, foster parents and volunteers. Perhaps an even greater need in this partnership is an awareness and understanding, on the part of communities, of the complex and difficult issues involved in helping families with children at risk.

The future will, we believe, see fewer children coming into the direct care of the state. When it is necessary to remove them from their homes, we see them spending less time in Government care than is now the case. We see instead providing a wide variety of support services to families in order that they may remain intact. In order to ensure that funds are available for these services, we are reallocating funds from residential services and making more dollars available to our child welfare workers in the community to directly assist families in need. Provisions for new kinds of guardianship

will allow interested individuals to take responsibility for a child who would otherwise have remained in care of the government.

The future will see greater formal accountability in the child welfare system due to required case planning and review. A Children's Guardian has been be appointed to ensure the provision of appropriate services and protection of rights of children in the care of the state. Further development of native child welfare services, children's mental health services, and family violence prevention programs are priorities in the near future.

Greater family responsibility, a greater partnership between Government and communities, and greater accountability on the part of the system are all predicated on the knowledge that Albertans have asked for these things to happen. There is, implicit in the goals set by Government for the system, an ability to listen more carefully to children, families and communities, an ability for which the precedent has already been set. The real challenge for the next decade will be to ensure that the system continues to improve, based on what we hear about the care of children from those involved in the system, those involved in developing the system, and society at large.

Because of the uniqueness of individual needs, there is no Child Welfare system in the world that can guarantee 100 per cent success. Our commitment is to try. Alberta's Child Welfare system will keep striving to minimize the problems that families and children have. It will continue, through its commitment to prevention, to work with families, without intruding upon them, to deal with situations before children have to be removed from homes, or before there is violence.

Alberta Social Services and Community Health has stated that the revitalization of the Child Welfare System is its number one priority. That revitalization must continue for many years if the system is to continue to thrive. It is one of the challenges of the

Department to find ways to ensure that all aspects of Alberta society hold a similar commitment, for without strong resolve on the part of all concerned about the welfare of children, there can be no sustained drive towards improvement. All parts of our society must shoulder the responsibility for inadequacies and then work together to improve the system.

Alberta's Child Welfare system is committed to individuals, to families and to communities. It is the belief of Alberta Social Services and Community Health that individuals, families and communities are similarly committed. Our work together, as a whole society, must be to find ways to deal effectively with problems at the source, rather than treat the symptoms. It is a very long road on which to embark. The Child Welfare system is committed to follow that road.

APPENDIX

UPDATE: RESPONSE TO RECOMMENDATIONS,

CASE MANAGEMENT REVIEW

NORTHWEST REGION

UPDATE: RESPONSE TO RECOMMENDATIONS, CASE MANAGEMENT REVIEW

Northwest Region
May, 1985

The Child Welfare Implementation Project (CWIP) was created to facilitate the implementation of the new Child Welfare Act. CWIP is also responsible for implementation of the Thomlison recommendations. The team which comprises CWIP includes project managers, regional representatives from district offices, program planners, and support personnel. Activities were undertaken to respond quickly to recommendations in the Thomlison Report; however, some responses have long-term implications. Long-term objectives will be included in already established projects.

The work of Children's Mental Health Committee, announced in the Minister's response to the Thomlison Report, is well underway. As stated in the 1985 Speech from the Throne, the goal of the Alberta Government will be to provide a comprehensive mental health service for children, emphasizing early detection and prevention of mental health-related problems, improved services to high risk groups, and a focus on family stability. The project is also addressing inter-departmental and community services co-ordination and is seeking input from other government departments and private community agencies and practitioners.

The following are the recommendations made in the Thomlison Report and action taken by the department on each of these.

RECOMMENDATION #1

That the Department of Social Services and Community Health demonstrate through particular program action its declared commitment to child welfare.

A new Child Welfare Act is only a foundation upon which to demonstrate this commitment. Development of supportive child welfare programs and resources will be the measure of the department's priority. It is my opinion that the department is now in a position to implement many of the policies, standards, and programs that are anticipated under the new Child Welfare Act. This should be done as soon as possible.

ACTION TAKEN

Guidelines on case management practices were approved in February, 1985. Discussions were held with field staff regarding the implications of the changes. As the impact on staff workloads will be significant, it was agreed that changes for the Act and implementation on July 1, 1985 would be included with staff training.

The appointment of the Children's Guardian was finalized in February 1985. Dr. Herb Sohn, who has 27 years experience in the fields of social services, human rights, and child protection, was the successful candidate. Dr. Sohn established the child abuse prevention program for the Province of Ontario, a program which he headed from its inception until he assumed the position of Children's Guardian in Alberta. Applicants for the positions of Regional Children's Guardians are being interviewed. Each of the six regions will have a Regional Children's Guardian who will represent the provincial Children's Guardian from whom they will be delegated authority to make decisions, monitor services to children, and advocate for children under his guardianship.

The provision of an online computer capacity in district offices will be effected with an improved Child Welfare Information System. Essential changes for the implementation of the new Act will be completed for July 1, 1985.

A. IMMEDIATE ACTION RESPONSES

RECOMMENDATION #2

That the Department of Social Services and Community Health must immediately examine the care of those children who are permanent wards within both the Northwest and Edmonton Regions.

ACTION TAKEN

The permanent ward file review in the Northwest and Edmonton Regions was completed by December 31, 1985. Monitoring mechanisms are in place to keep track of wards.

Guidelines to clarify casework responsibilities concerning permanent wards have been completed and approved. Implementation of the new guidelines is scheduled for July 1, 1985.

A review of permanent wards in the other four regions, and temporary wards in all regions, was completed by April 30, 1985. All regions have instituted a follow-up and monitoring system for wards.

RECOMMENDATION #4

That the Department of Social Services and Community Health move immediately to establish and fund programs in the Northwest Region to assist adolescent wards in preparing for independence from the department.

ACTION TAKEN

A report on Supported Independent Living programs in the Northwest Region has been completed. Seven potential models for this type of program were identified. Each district office has received this information and the model best suited to local needs is being selected. Each district office is at different stages in acquiring supported independent living homes.

RECOMMENDATION #7

That the Department of Social Services and Community Health must identify the means by which caseworkers in the Northwest Region, Barrhead Office can be assisted to develop a higher quality of casework planning and action.

ACTION TAKEN

Two experienced casework supervisors from the Grande Prairie Office have been working with the Barrhead Office to improve case management practices. A training format has been established and training sessions held. All wards in the region are being monitored by an experienced employee, with particular attention being given to wards of the Barrhead Office. Regular staff meetings are held to discuss practices.

RECOMMENDATION #9

That the Department of Social Services and Community Health examine immediately the low staff morale and high turnover of staff in the Barrhead District Office.

ACTION TAKEN

The opinion of senior management in the region is that morale has improved at the Barrhead Office. A new casework supervisor has been appointed. Staff vacancies have been filled and an additional project position has been added. The Area Manager has made several visits to the office and is giving general assistance to the District Office Manager and staff. He is monitoring office morale on an ongoing basis.

RECOMMENDATION #20

That the senior administration of the Department of Social Services and Community Health clarify immediately its position on the question of regional autonomy versus central control. Specific reference must be given to such issues as budget control, policy formulation, decision making and standard setting for service delivery.

ACTION TAKEN

The original document clarifying the intent of decentralization, and the roles and responsibilities of central office and regions, has been circulated again to departmental staff. Additional clarification of the department's organizational structure was provided by the Deputy Minister.

B. RESPONSE TO RECOMMENDATIONS TO IMPROVE CASE MANAGEMENT AND SUPERVISION

RECOMMENDATION #8

That the Department of Social Services and Community Health formulate a statement of procedures to enhance the transfer of a case from one worker to the next.

ACTION TAKEN

Procedures for case transfer have been approved and are being discussed with field staff.

RECOMMENDATION #11

That the Department of Social Services and Community Health re-evaluate its procedures for the assignment of caseloads, taking into account the variation and complexity of children's problems and the variation in level of competence and expertise of its social workers.

Often caseload problems are viewed solely in terms of the actual number of cases for which a social worker is responsible. Greater attention should be placed on matching worker expertise and competence with the nature and complexity of the child's problems.

ACTION TAKEN

The committee working on caseload size-analysis has completed its terms of reference and has reviewed activities which are underway through various areas in the department.

Several initiatives are underway to analyze worker caseloads and case activities. One such initiative is aimed at measuring productivity levels in each district office and identifing areas of duplication and redundancies leading to the streamlining of operations. This project will also assist in analyzing the impact of the new Act on front-line staff.

Another activity has instituted a computer-assisted casecount. This Child Welfare Information System will also assist the department in analyzing the average of service being provided

to children with each status. A long-term goal is to determine what constitutes a viable caseload for a child welfare worker.

The temporary and permanent ward review has provided extensive information on case assignment practices and case complexity. A long-term project on case management and supervision has been established and efforts currently are underway as described. Project managers will consider the information gained from the ward review and other current activities.

RECOMMENDATION #12

That the Department of Social Services and Community Health appoint an external consultant, knowledgeable in the area of child welfare casework supervision, to assess the supervisory needs of the Northwest Region social workers. To bring forward recommendations which will assist the department in elaborating and clarifying the role of the social work supervisor.

It is my opinion that a person external to the department would be in a better position to gather an accurate perspective on the supervisory needs of the social workers.

ACTION TAKEN

A working committee was established to review current supervisory practices. A survey was undertaken to identify supervisory projects presently underway throughout the province. A discussion paper on supervision has been prepared and is being circulated to Child Welfare Implementation Project managers. All supervisors have gone through special training on administering the Act, which included a two-day module on supervision.

Case management and supervision will also be addressed in a long-term project which has been established. The discussion paper on supervision will be the basis of that project.

RECOMMENDATION #14

That the Department of Social Services and Community Health examine the appropriateness of the social worker-supervisor relationship model known as a "social work team."

ACTION TAKEN

The "social work team" model has been discussed with departmental supervisors during their training for implementation of the new Act.

RECOMMENDATION #23

That the Department of Social Services and Community Health identify the reason(s) which inhibit the social workers' compliance with the required frequency of completing the Review of Child's Progress reports. Such a review should address procedures and technology which would assist the social workers in completing this responsibility.

ACTION TAKEN

Both procedures and technology are being improved, as well as the capacity to monitor case management practices.

Frequency of recording and required areas to be documented have been clarified in departmental policy. Amendments to the policy manual outlines the casework supervisor's responsibility in monitoring for compliance. The ward file review has ensured that all files with inadequate recording have been identified.

On July 1, 1985, the Child Welfare Information System will be up-graded providing each district office and regional office with the capacity to electronically monitor the progress of cases.

C. RESPONSE TO RECOMMENDATIONS TO IMPROVE TREATMENT SERVICES

RECOMMENDATION #6

That the Department of Social Services and Community Health develop a wider range of alternate care resources.

ACTION TAKEN

The Children's Mental Health Project is developing a service model for children's mental health services which addresses alternatives for treatment care.

RECOMMENDATION #5

That the Department of Social Services and Community Health develop a statement and a set of criteria for the recognition of a child at risk. This should be accompanied by a clear statement of procedures for helping such children.

ACTION TAKEN

The statement on criteria for identifying children at risk of suicide and procedures for helping such children, have been completed and are being distributed to staff. A more comprehensive suicide-prevention training program for staff will be implemented in the fall of 1985.

RECOMMENDATION #19

That the Department of Social Services and Community Health evaluate its policy and procedures governing referral to private consultants for assessments and treatment of children under its care.

ACTION TAKEN

Procedures are being developed by the Children's Mental Health Planning Committee to guide referrals to private consultants and guide interdisciplinary collaboration in instances when children in the care of the department are referred for assessment and treatment care. Approved procedures will be distributed as soon as possible to child welfare staff and private practitioners.

D. RESPONSE TO RECOMMENDATIONS TO IMPROVE MONITORING AND REVIEW PRACTICES

RECOMMENDATION #3

That the Department of Social Services and Community Health establish a temporary and permanent ward review procedure which would insure that the care of all permanent wards is monitored and evaluated at least once per year.

ACTION TAKEN

The temporary and permanent ward review has provided an evaluation of services provided to all wards in the province. High risk wards, gaps in services, specific cases or inadequate case plans, and short- and long-term needs were some of the areas addressed in the review. A report was placed on each file after discussion with the child welfare worker and his/her

casework supervisor who has responsibility for appropriate follow-up.

The review, and interim amendments to policy, will ensure monitoring and evaluation of wards on the short-term basis. A monitoring and evaluation long-term project will address these issues in the future. The regions will be consulted on this activity (including front-line staff), through regional representatives on the Child Welfare Implementation Project team.

RECOMMENDATION #21

That the Department of Social Services and Community Health commit itself to establishing a system of program standards and guidelines. The first system of standards and guidelines should be developed in relation to casework practices with permanent wards.

ACTION TAKEN

Guidelines on casework practices with permanent wards are being distributed to staff. Implementation is scheduled for July 1, 1985. Casework practices with temporary wards and other children are also being drafted for implementation July 1, 1985.

RECOMMENDATION #22

That the Department of Social Services and Community Health clarify the expectations and responsibilities on the internal monitoring of casework activity with the children in its care.

ACTION TAKEN

The responsibility for monitoring by casework supervisors and district office managers has been reinforced in departmental policy. These amendments for the care of permanent wards outline the responsibilities of the casework supervisor and district office managers in regards to case auditing and monitoring of casework. The casework supervisor must complete a case management audit on at least 25 per cent of each worker's caseload, a minimum of once per year. The district office manager must review case audit documentation. Case audit criteria are also outlined specifically in these amendments. Similar amendments are being completed for the care of all other wards.

Better monitoring of case activity, both at the district office and regional office levels, will be available with the up-grading of the Child Welfare Information System on July 1, 1985.

The Children's Guardian is presently recruiting six Regional Children's Guardians. He has begun setting up a monitoring system for all children that will come under his guardianship on July 1, 1985.

RECOMMENDATION #24

That the Department of Social Services and Community Health develop a case audit procedure. Such a procedure would ensure periodic external examination of the quality of service being delivered to children in the care of the department.

ACTION TAKEN

Case audits are the primary responsibility of the casework supervisor. Approved amendments for the care of permanent wards and amendments currently being drafted for all other wards, standardize procedures for regular case audits. The training for implementation of the new Act, currently under way, addresses these changes in policy and the caseworker's and supervisor's responsibility for monitoring. A long-term project further addresses monitoring and evaluation.

Monitoring the care provided to wards is also being developed as a function of the Office of the Children's Guardian.

RECOMMENDATION #25

That the Department of Social Services and Community Health re-evaluate its quality review objectives and procedures. In this re-evaluation, consideration must be given to the participation of at least one member of the review committee being external (independent) from the Department of Social Services.

ACTION TAKEN

The ward review has addressed the quality of services issued to children in care. New policies and an emphasis on the development of appropriate case plans are being strengthened in training currently underway. The long-term project on monitoring and evaluation will address the issue in a complete manner.

E. RESPONSE TO RECOMMENDATIONS ON STAFF TRAINING AND STAFF APPRAISAL

RECOMMENDATION #10

That the Department of Social Services and Community Health re-examine its position on both academic and in-service training, with a view to:

a. reiterating its commitment to professional social work education and actively encouraging staff in the Northwest Region to pursue the Bachelor of Social Work degree;

b. mounting in-service programs on social work with Native peoples, taught by persons with knowledge and experience in working with Native peoples;

c. mounting in-service training programs on child abuse identification and intervention; and

d. contracting with the Suicide Prevention and Training Program to train in the recognition of the indicators of suicide and methods of intervention.

ACTION TAKEN

The existing native awareness training program has been reviewed by departmental staff. The current program is considered appropriate and recommendations have been made to further enhance it. Increased priority will be given to this training after training for the new Act has been completed.

Planning is underway to increase suicide-prevention training for departmental staff. The department has funded the Canadian Mental Health Association in Calgary to develop a two-day workshop. This material is being reviewed and evaluated for

suitability for departmental staff training. There are 23 trainers in the province able to deliver these modules. A suicide-prevention training program will be integrated with the basic Child Protective Services training. As well, resource material for social workers is being collected for distribution to staff.

The department, in its original response of September 1984 to the Thomlison Report, provided an overview of initiatives launched to professionalize and train child welfare staff. This information is not repeated in this report.

RECOMMENDATION #13

That the Department of Social Services and Community Health provide educational opportunities for supervisors to improve their knowledge of contemporary social work practice in the child welfare field, as well as to improve their skills and knowledge in the methods of supervision.

ACTION TAKEN

This recommendation will be addressed by the committee working on supervisory practices. A departmental report on educational leave indicates that 84.7 per cent of all child welfare casework supervisors have a BSW or MSW degree. Those that do not have a social work degree are being encouraged to apply for educational leave.

RECOMMENDATION #26

That the Department of Social Services and Community Health develop a system of staff appraisal based on casework performance indicators.

ACTION TAKEN

A discussion paper on staff appraisal has been completed and is being reviewed by the Child Welfare Implementation Project. From it will emanate an up-dated description of the role of child welfare workers and supervisors to be distributed and implemented provincially prior to July 1, 1985. The department will ensure that each district office is aware of the requirements of the formal staff appraisal system in place.

F. RESPONSE TO RECOMMENDATIONS TO IMPROVE THE RELATIONSHIP BETWEEN DEPARTMENT AND COMMUNITY AGENCIES AND PROFESSIONALS

RECOMMENDATION #15

That the Department of Social Services and Community Health strike a task force made up of members of the Foster Parents Association and departmental staff, supplemented by knowledgeable external resources people when needed, to examine the causes of foster home placement breakdown. This task force must bring forward recommendations to improve the probability of foster home placement success.

ACTION TAKEN

This recommendation has been discussed by the Foster Parent Association. A Committee composed of six members from the association's six regional councils will meet in June to review this recommendation, brainstorm and develop a plan. A departmental staff member from each region has also been appointed to the committee. One task being undertaken is an examination of what can be done to prevent placement breakdowns.

A literature review on foster home breakdown has been completed and a report is being prepared.

The Southwest Edmonton District Office is piloting a computer-assisted matching of foster parents with foster children by using the Child Welfare Information System. The results and progress made to date have been encouraging.

RECOMMENDATION #16

In addition to other suggestions for strengthening foster home placements, the task force give consideration to a recommendation that foster parents and the department enter into a system of formalized service contracting. Such contracts would include statements of mutual responsibilities with clear statements of future planning for the child.

ACTION TAKEN

The committee of regional foster parent council members, identified in #15, will examine the use of formalized service contracting. The committee will also review the Foster Home Agreement currently in use.

The department is in contact with other provinces to study how they use service contracts. The president of the Alberta Foster Parent Association has agreed to contact Foster Parent Associations in other provinces to get their reaction to the use of these contracts.

RECOMMENDATION #17

That the Department of Social Services and Community Health examine its current relationship with significant community resources with a view to recommending means by which (a) communication can be improved, (b) greater interdisciplinary collaboration can occur, (c) greater interdisciplinary decision-making can occur.

RESPONSE

A policy on the use of interdisciplinary resources has been approved and is being distributed and discussed with staff.

RECOMMENDATION #18

That the Department of Social Services and Community Health prepare a statement of guidelines to enhance the social workers' liaison with the school programs in which their wards are enrolled.

ACTION TAKEN

A statement, encouraging the improvement of social workers' liaison with schools, has been distributed to staff. A proposal, developed in conjunction with the Edmonton Region and the Edmonton Public School Board will be distributed to each region to assist them in their efforts to improve their relationships with schools.

RECOMMENDATION #27

That the Department of Social Services and Community Health establish, as soon as possible, a task force comprised of equal representation from the Metis and Indian communities and Social Services personnel, who have had direct work experience within the Metis and Indian communities, supplemented by knowledgeable resource people as needed, to collaborate on the exploration of Metis and Indian child welfare issues, and to recommend program alternatives for Metis and Indian children within the Northwest Region.

ACTION TAKEN

In December, 1984 the Minister of Social Services and Community Health announced the establishment of a Working Committee on Native Child Welfare. This committee, comprised of Native professionals and senior government officials, is response to the Minister of Social Services and Community Health and the Minister responsible for Native Affairs, for developing and implementing policy and program alternatives for Indian and Metis children.

The committee is currently engaged in examining short- as well as long-range options and strategies in the following areas: legislation; policies; standards; procedures; prevention; service delivery mechanisms, including the transfer of authority and control to Indian and Metis people; training and manpower development; and financing.

At the recommendation of the committee, the department has initiated action to recruit more Native people into its social services, and into the social services field at the community level. This would provide experience and training for Native people with a view to developing a native manpower force.

The department appointed regional advisors, and a senior departmental advisor on native issues. These advisors are currently engaged in active dialogue with Indian bands, Metis communities and Native associations and groups throughout the province.

Under Alberta's new Child Welfare Act, the Minister can delegate authority for some or all of the services under the Act to Indian bands or Tribal administrations and similarly to Metis groups and communities.

Encouraged by the Blackfoot Tribal Administration's success with the existing child welfare agreement, additional child welfare arrangements are being pursued with Native people in other areas. A tri-partite agreement is operational with the Lesser Slave Lake Indian Regional Council, and other agreements are under negotiation with other tribal administrations.

The new Act recognizes the importance of a child's familial, cultural, social and spiritual heritage. Policies and guidelines are being developed to correspond with the spirit of the legislation. Also, the Act allows for development of Native child welfare policies and standards, being developed, under agreement, by Native people to facilitate the recognition of the Native culture, the extended family and recognition of Native bands and communities.

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